	1	AN ACT concerning insurance coverage relating to	47
	2	mastectomies and mammograms.	48
	3	Be it enacted by the People of the State of Illinois,	52
44	4	represented in the General Assembly:	53
Senate			
	5	Section 5. The Illinois Insurance Code is amended by	56
Secretary of the	6	changing Section 356g as follows:	57
o ₹			
eta.	7	(215 ILCS 5/356g) (from Ch. 73, par. 968g)	60
gec.	8	Sec. 356g. Mammograms; mastectomies.	62
0.	9	(a) Every insurer shall provide in each group or	64
7	10	individual policy, contract, or certificate of insurance	65
1/2	711	issued or renewed for persons who are residents of this	66
ξ	12	State, coverage for screening by low-dose mammography for all	67
Z.	13	women 35 years of age or older for the presence of occult	68
D	14	breast cancer within the provisions of the policy, contract,	
. 1	15	or certificate. The coverage shall be as follows:	69
18	16	(1) A baseline mammogram for women 35 to 39 years	71
Z	17	of age.	
a e	18	(2) An annual mammogram for women 40 years of age	73
Sena¦e	19	or older.	
the	20	These benefits shall be at least as favorable as for	75
ü	21	other radiological examinations and subject to the same	76
ated	22	dollar limits, deductibles, and co-insurance factors. For	77
Original	23	purposes of this Section, "low-dose mammography" means the	78
	24	x-ray examination of the breast using equipment dedicated	
	25	specifically for mammography, including the x-ray tube,	79
7	26	filter, compression device, and image receptor, with	80
	27	radiation exposure delivery of less than 1 rad per breast for	81
	28	2 views of an average size breast.	
	29	(b) No policy of accident or health insurance that	83
	30	provides for the surgical procedure known as a mastectomy	84

shall be issued, amended, delivered, or renewed in this State

85

1	on-or-after-July171981, unless that coverage is also	86
2	provides offered for prosthetic devices or reconstructive	87
3	surgery incident to the mastectomyprovidingthatthe	88
4	mastectomy-is-performed-afterJuly171981. Coverage for	90
5	breast reconstruction in connection with a mastectomy shall	
6	include:	91
7	(1) reconstruction of the breast upon which the	93
8,	mastectomy has been performed;	9 4
9	(2) surgery and reconstruction of the other breast	96
10	to produce a symmetrical appearance; and	97
11	(3) prostheses and treatment for physical	99
12	complications at all stages of mastectomy, including	100
13	lymphedemas.	
14	Care shall be determined in consultation with the attending	102
15	physician and the patient. The offered coverage for	104
16	prosthetic devices and reconstructive surgery shall be	105
17	subject to the deductible and coinsurance conditions applied	106
18	to the mastectomy, and all other terms and conditions	
19	applicable to other benefits. When a mastectomy is performed	107
20	and there is no evidence of malignancy then the offered	108
21	coverage may be limited to the provision of prosthetic	109
22	devices and reconstructive surgery to within 2 years after	110
23	the date of the mastectomy. As used in this Section,	
24	"mastectomy" means the removal of all or part of the breast	111
25	for medically necessary reasons, as determined by a licensed	112
26	physician.	
27	Written notice of the availability of coverage under this	114
28	Section shall be delivered to the insured upon enrollment and	115
29	annually thereafter. An insurer may not deny to an insured	116
30	eligibility, or continued eligibility, to enroll or to renew	117
31	coverage under the terms of the plan solely for the purpose	
32	of avoiding the requirements of this Section. An insurer may	118
33	not penalize or reduce or limit the reimbursement of an	120
3.4	attending provider or provide incentives (monetary or	121

1	otherwise) to an attending provider to induce the provider to	
2	provide care to an insured in a manner inconsistent with this	122
3	Section.	
4	(Source: P.A. 90-7, eff. 6-10-97.)	124
5	Section 10. The Health Maintenance Organization Act is	127
6	amended by changing Section 4-6.1 as follows:	128
7	(215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7)	131
8	Sec. 4-6.1. Mammograms; mastectomies.	133
9	(a) Every contract or evidence of coverage issued by a	-136
10	Health Maintenance Organization for persons who are residents	
LΣ	of this State shall contain coverage for screening by	137
12	low-dose mammography for all women 35 years of age or older	138
13	for the presence of occult breast cancer. The coverage shall	139
14	be as follows:	
15	(1) A baseline mammogram for women 35 to 39 years	141
16	of age.	
17	(2) An annual mammogram for women 40 years of age	143
18	or older.	
19	These benefits shall be at least as favorable as for	145
20	other radiological examinations and subject to the same	146
21	dollar limits, deductibles, and co-insurance factors. For	147
22	purposes of this Section, "low-dose mammography" means the	148
23	x-ray examination of the breast using equipment dedicated	
24	specifically for mammography, including the x-ray tube,	149
25	filter, compression device, and image receptor, with	150
26	radiation exposure delivery of less than I rad per breast for	151
27	2 views of an average size breast.	
28	(b) No contract or evidence of coverage issued by a	153
29	health maintenance organization that provides for the	154
3 Q	surgical procedure known as a mastectomy shall be issued,	155
31	amended, delivered, or renewed in this State on or after the	156
7A)	effective date of this amendatory Act of the 92nd Ceneral	157



1	Assembly unless that coverage also provides for prosthetic	
2	devices or reconstructive surgery incident to the mastectomy,	158
3	providing that the mastectomy is performed after the	159
4	effective date of this amendatory Act. Coverage for breast	160
5	reconstruction in connection with a mastectomy shall include:	162
6	(1) reconstruction of the breast upon which the	164
7	mastectomy has been performed;	165
8	(2) surgery and reconstruction of the other breast	167
9	to produce a symmetrical appearance; and	168
10	(3) prostheses and treatment for physical	1.70
11	complications at all stages of mastectomy, including	171
12	lymphedemas.	
13	Care shall be determined in consultation with the attending	173
14	physician and the patient. The offered coverage for	175
15	prosthetic devices and reconstructive surgery shall be	176
16	subject to the deductible and coinsurance conditions applied	177
17	to the mastectomy and all other terms and conditions	
18	applicable to other benefits. When a mastectomy is performed	178
19	and there is no evidence of malignancy, then the offered	179
20	coverage may be limited to the provision of prosthetic	180
21	devices and reconstructive surgery to within 2 years after	181
22	the date of the mastectomy. As used in this Section,	
23	"mastectomy" means the removal of all or part of the breast	182
24	for medically necessary reasons, as determined by a licensed	183
25	physician.	
26	Written notice of the availability of coverage under this	185
27	Section shall be delivered to the enrollee upon enrollment	186
28	and annually thereafter. A health maintenance organization	187
29	may not deny to an enrollee eligibility, or continued	188
30	eligibility, to enroll or to renew coverage under the terms	189
31	of the plan solely for the purpose of avoiding the	190
32	requirements of this Section. A health maintenance	
33	organization may not penalize or reduce or limit the	193
3∤()	reimbursement of an attending provider or provide incentives	

· 4·--

1	(monetary or otherwise) to an attending provider to induce	194
2	the provider to provide care to an insured in a manner	195
3	inconsistent with this Section.	
4	(Source: P.A. 90-7, eff. 6-10-97; 90-655, eff. 7-30-98.)	197
5	Section 99. Effective date. This Act takes effect upon	200
6	becoming law.	

President of the Senate 208

Michael 9. Modigan 211
Speaker, House of Representatives 212

APPROVED

this 3 M day of July , 20 01 A.D.,